

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/890348

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	2		2		/	
6	1		1		/	
7	1		1		/	
8	1		1		/	
9	1		1		/	
10	1		1		/	
11	1		1		/	
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14	1		1		/	
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16	1		1		/	
17	1		1		/	
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TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	20	↔	22	↔	21	↔
TOTAL CLAIMS	21	[REDACTED]	23	[REDACTED]	22	[REDACTED]

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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↔		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS